BRITAIN'S HEALTH SERVICES

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A MEMORANDUM
ISSUED BY THE
COMMUNIST
PARTY
OF GREAT BRITAIN

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ISSUED BY
THE COMMUNIST PARTY OF GREAT BRITAIN
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CONTENTS

HEALTH AND THE HEALTH SERVICES IN THE NATIONAL FRONT 6–28

1. Health and Production 7
   What the workers can do 9
2. Efficiency in the Health services 11
   (*a*) Hospitals 11
   (*b*) General Practitioners and Medical Man Power 15
   (*c*) Other Services 16
   Tuberculosis 16
   Occupational risks of coal miners 17
   Industrial Medicine 17
   Fractures and Accidents 17
   Nutrition 17
3. Wage and Working Conditions of Health Workers 18
   (*a*) Female Nurses 18
   i. Wages 18
   Student Nurses 18
   State Registered Nurses 19
   ii. Conditions 20
   iii. General—Training, Registration and Recruitment 22
   (*b*) Male Nurses 24
   (*c*) Female Orderlies 24
   (*d*) Male Domestic Workers 24
   (*e*) Female Domestic Workers 24
   (*f*) Laundry Workers 24
   (*g*) Artisans 24
   (*h*) Technicians: Pharmacists, Radiographers, Almoners, Masseurs, etc. 24
   (*i*) Administrative Workers 25
4. Trade Unionism 26

APPENDIX—BEING A SURVEY OF THE HEALTH SERVICES 28–37

1. Administration 28
2. " Points of Application " 29
3. Services: Number of Hospitals 30
   Work done by Hospitals 31
4. Personnel: Staffing Voluntary Hospital 31
   Staffing Local Authority Hospital 32
5. Workers in Health Services 32
6. Professional Associations 34
7. Trade Unions 35
8. General Practitioners 35
9. Extent of ill-health and accident 35

THIS Memorandum includes proposals which, if adopted, would secure almost immediately a reduction in the alarming amount of time which is lost each year on account of ill-health and accident. There is a section devoted to suggestions for increasing efficiency in our Health Services; and of particular interest to health workers themselves will be those pages containing recommendations for the improvement of their working and living conditions.

The Memorandum is directed not only to those engaged in the health services, but to all who are genuinely interested in maintaining health both as an end in itself and as a means of ensuring the maximum national war effort. Factory workers, trade unionists, shop stewards, works managers, Borough Councillors, Members of Parliament, as well as doctors, nurses, dentists, pharmacists, almoners, hospital administrators and other health workers, will find in the following pages much useful information and many proposals which are capable of immediate implementation.

BRITAIN'S HEALTH SERVICES

The Communist Party's Proposals

THE Health of the people is vital to the well-being of a nation in peace no less than in war. The Communist Party has always demanded for the people of Britain (*a*) such a standard of living as will provide the basis for the preservation of good health and (*b*) a national co-ordinated health service for the efficient treatment and speedy restoration of workers when sick or injured. We are today paying a heavy price for the fact that over many years these demands of the Communist Party were not adopted. Just before the outbreak of war, for example, Medical Boards were finding that two out of every three volunteers were physically unfit for the Army. Even now, after nearly three years of war, insufficient attention is paid to health questions; health services are still not as well organised as they might be to meet the heavy strain to which they may at any time be submitted.

Today, more than ever, it is of the utmost importance that serious consideration should be given to the means by which all preventable illness and accident may be eliminated and to the measures that hospitals and other health centres can take to ensure the earliest return to duty of soldiers or workers who may be unavoidably sick or injured. In the following pages the Communist Party suggests how these problems can be tackled.

Readers of this pamphlet who are not engaged in health work are referred particularly to the section "Health and Production." They should make widely known the extent to which sickness and accident are avoidable and do all in their power to bring the suggestions for prevention to the notice of their Trade Union Branches, Joint Production Committees and every unit of the organised Labour movement. Health workers themselves will find all the information contained herein of value in their work.

In addition to proposals for action it has been thought advisable to append a brief survey of the Health Services, since much of the indifference to the important part that health plays in our national life springs from the fact that the general public, and even many health workers, are unaware of the nature and magnitude of the services concerned with the protection of the health of the community. The proposals which follow are not intended as an outline of the Communist Party's policy for the development of *all* health services. They deal with certain *immediate* needs and how these can be met by the efforts of health and industrial workers themselves.

HEALTH AND THE HEALTH SERVICES IN THE NATIONAL FRONT

The Health and Hospital Services, employing at least half a million people (the eighth largest community of workers in the country), are strategically important to the war effort; and the persons employed in these Services have a vital place in the struggles for the Second Front, Maximum Production and all other great tasks confronting the nation at the present time.

The chief immediate objectives before workers in the Health Services fall, therefore, into four main categories:—

1. HEALTH AND PRODUCTION

A drive to get *all* workers more "health conscious" and alive to the enormous increases in production which can be effected if preventable sickness and accidents are eradicated and the general standard of health is raised.

2. EFFICIENCY OF THE HEALTH SERVICES

To increase the efficiency of the Health Services to the highest possible degree—

(*a*) In preparation for and in support of the Second Front;

(*b*) To ensure the speediest return of injured or sick to the armed forces and industry.

3. WAGE AND WORKING CONDITIONS OF HEALTH WORKERS

To achieve improvements in wage and salary rates and in living and working conditions for health workers,

especially those who have suffered hardship in this respect in the past.

4. TRADE UNIONISM

To obtain a wide extension of trade union organisation throughout the Health Services.

How can we achieve the above objectives? Let us consider them individually in some detail :—

1. HEALTH AND PRODUCTION

At all times workers have the right to the best health that can be obtained, but improvements are particularly urgent in the present situation, where maximum production and fighting fitness are essential.

Health workers must therefore be fully acquainted with the facts which demonstrate, firstly, how general health can be improved, and secondly, the inter-relationships of health and production. Armed with this knowledge we can teach the men and women engaged in production not only about the time they lose on account of avoidable accidents and sickness, but HOW THIS CAN BE PREVENTED.

It is reliably estimated, for example, that no less than 40,000,000 work-weeks are lost annually by workers at the present time (*Lancet*, 18.7.42), **i.e. for every *day* lost as a result of labour stoppages of other kinds, strikes, etc., 9 *months* are lost on account of absence through sickness and accident.**

How many industrial workers are aware that ill-health alone leads to so much lost time each year, equivalent to the time necessary for the output of 11,500 fighter aircraft? How many miners know that in 1940, 142,000 colliers had to take time off as the result of injuries or industrial diseases and that their average period off duty was three to four weeks? (*Reynolds News*, 31.5.42). They undoubtedly know that theirs is one of the most " dangerous " industries. Figures given in the *P.E.P. Report on British Health Services* show that for every 100,000 men employed there are 1,980 cases of compensable disease among miners as against only 66 for factory workers, and of all compensable

accidents causing disablement 34% occur in mines. Do they realise, however, that much of this sickness and accident can be prevented? The same Report shows that in iron and steel works, in shipbuilding and transport, the incidence of accidents is much higher than it need be—11,108 cases per 100,000 employed in iron and steel production compared with 2,642 for all other manufacturing industry; and that there is also a disparity which could be greatly reduced between the accident rate for adults and young people—in 100,000 male workers nearly 1,000 more injuries are to boys than to men.

How many workers have ever stopped to think that even the amount and frequency of meals has a direct bearing on their productive capacity?

In 1935 an investigation was made of the output of three groups of workers (*a*) those who went to the factory without breakfast, took dinner but no snacks; (*b*) those who had breakfast and dinner but no snacks; (*c*) those who had breakfast and dinner and mid-morning and mid-afternoon snacks.

The average output per hour for the three groups was 172, 183 and 191 units respectively ("Diet and Physical Efficiency," Haggard and Greenberg, 1935). This is the kind of information that must constantly be brought to the notice of the organised workers until they wake up to the fact that their health has a vital bearing on industrial output and the war effort, and is not just a fad or favourite hobby horse of a few cranks.

The above figures reveal differences in accident rates and indices of production which not only indicate where the main industrial health problems lie, but also point a way to their solution.

Higher rates of accident in certain trades and among different age-groups of workers do not reflect higher risks only; they also demonstrate that much still remains to be done in many industries—coal-mining for instance—for the protection and improvement of the health of those engaged in production. Much of the lost time referred to can be avoided and much sub-normal health improved by the adoption of simple measures in the factory and at home.

Workers must be brought to understand this and informed of the steps they themselves may take. A striking case of the effect produced by quite elementary precautions is that of the

Scottish filling factory at Georgetown, where in 1918 T.N.T. poisoning, from which many workers died during the last world war, was reduced to nil when measures were adopted to prevent the absorption of the powder, together with steps to secure the adequate nourishment of the workers ("Health of the War Worker," page 27).

This bears out from another angle the importance of proper attention to food questions, for whereas the statistics mentioned earlier show the relation of adequate feeding to productive capacity, the Georgetown conditions demonstrate how correct nutrition maintains health even in the face of industrial hazard. A further illustration of what proper attention to health questions can do from the point of view of prevention is provided by experience at the Willow Works (I.C.I. Metals, Ltd.), where the number of persons losing time through sepsis was reduced by 93% between 1931 and 1935 as a result of the establishment of a factory medical service (*P.E.P. Report on British Health Services*, page 84).

It is necessary that workers should understand the importance of using safety devices to prevent industrial accidents and disease. They should be encouraged to improve these, or design their own methods, which they undoubtedly will do once they fully appreciate the risks otherwise involved and the degree to which output may be diminished by their failure to take proper precautions against disease and injury. The cause of every accident in the works should be investigated with a view to discovering how repetition may be avoided. The magnitude of this particular question should be noted.

It is reported by the Birmingham Accident Hospital that they have observed an increase of 40% in the accident rate since 1939 (*Nursing Times*, 30.5.42, page 357). **The number of cases now requiring treatment at that Hospital alone is approximately 100,000 a year, and as 94% of these patients are disabled to a greater or less extent (in some instances for several months), production must obviously be considerably affected.**

WHAT THE WORKERS CAN DO

Every opportunity must be taken of raising health questions in Production Committees, Trades Councils, Trade Union branches and all sections of the organised Labour movement.

No conference on Production should be held at which the delegates are not reminded of the health aspect of the matters they are discussing. Trades Councils should be urged to hold special conferences entirely devoted to the subject.

In connection with giving publicity to the great importance of health questions, the *Daily Worker* will be absolutely invaluable. Health workers should join all other workers in assisting the *Daily Worker*, not only by the provision of health notes and news, but also financially.

Health welfare must not be regarded as an affair which is only the concern of doctors and nurses and other health workers. *General workers must realise how much they can do for themselves. Until this is properly understood there will be no complete solution to many health problems.* In all Joint Production Committees, Shop Stewards and Works Committees, one or two members (a " Workers' Health Inspectorate ") should be made responsible for knowing the Factory Acts and the rights of workers under the Factory Acts. They should see that their respective Committees discuss health matters and that, when necessary, advice is obtained from the factory doctor, industrial nurse or welfare department. In frank discussion these " specialists " can become valuable allies. Assistance may also be got from members of the Association of Scientific Workers in the factories, who will always be ready to help workers with their problems.

The " Workers' Health Inspectorate " can actively deal with such matters as:—

Enforcement of the provisions of the Factory Acts

Checking up lighting, heating, ventilation and general and special safety measures

Insisting on immediate investigation of any apparent ill-effects from new industrial processes and on the cause of every works accident

Demanding and obtaining proper washing and sanitary facilities

Providing instruction in the reasons for and methods of protection for workers engaged in dangerous jobs

Improvement of canteens

Improvement of local transport and shopping facilities

Approaching, through Trades Councils, local hospitals for special services such as evening clinics, etc., where these are required for day workers

Checking up on absenteeism where due to sickness from overwork or defective conditions

Reporting on aisles which are blocked, men and women at work without goggles, etc.

Demanding an adequate Industrial Medical Service through the Management and through Trade Union organisations

Finally, all health workers should recognise that up to now there has been gross indifference to the part that health plays in production and they must keep pegging away, quoting facts and arguments on every possible occasion, until the Labour movement begins to sit up and take notice. Not until this happens will health workers be entitled to feel that they have made a contribution on the Production Front, one of the most vital sectors in our fight against fascism.

2. EFFICIENCY IN THE HEALTH SERVICES

No one with any knowledge of existing conditions can be complacent regarding the difficulties which we shall encounter in the achievement of this second main objective—increasing the efficiency of the health services to the highest possible degree. But we must give serious consideration to the ways and means by which this can be done.

(a) Hospitals

In this, the largest organised part of the Health Services, it is obvious that great demands will be made on every section of the staff when the Second Front is opened. All hospital arrangements should be sufficiently elastic to provide for a sudden and substantial increase of work.

At the present moment many hospitals are only functioning at little over half capacity and yet are already faced with difficulties of staff shortage. We are told that 12,000 nurses are needed in civilian hospitals alone (*Hansard*, 30.6.42), and though we know that this deficiency is definitely aggravated by conditions of employment, particularly as regards living-in conditions and wage rates, the remedy is not only to be sought by improvements in this direction and better methods of recruitment, nor even by conscription.

A great deal can be done at once to meet the nursing shortage by other means.

Firstly, employment to the full of State Registered Nurses who have left the profession to get married. There is still evidence that this has not been done to the extent that might be (see letters to *News Chronicle*, 24.8.42).

Secondly, thousands of fully trained senior nursing sisters are employed in non-nursing duties as home sisters, housekeepers, laundry supervisors, linen-room sisters, etc. An investigation of the Central Bureau of Hospital Information in 1932 showed that in hospitals associated with medical schools, out of a total nursing staff of 6,106 there were 209 engaged entirely in administrative or other duties (Memo. 41, Central Bureau Hospital Information, January, 1932). If the ratio is the same for all hospitals (and it is probably not very different), this means over 5,000 fully trained nurses in England and Wales employed in non-nursing work. Many of these could be temporarily replaced and enabled to return to nursing. This would be valuable, as the deficiency of nurses is principally in the senior grades of *trained* staff.

The general shortage of hospital staff of all kinds, however, can be greatly alleviated by the cutting-out of all non-essential work and by the best utilisation of available labour.

How can this be achieved by health workers themselves?

The answer is as in Industry—through Joint Committees representative of the workers and management. A Joint Consultative Committee (analogous to Joint Production Committees elsewhere) should be set up in every hospital.

The idea is not new. There have always been Medical Staff Committees, and quite recently the British Hospitals Association recommended all their affiliated Hospitals to recognise Nurses Councils to advise on nursing questions. We are suggesting an extension of this principle to a Committee of elected representatives from all types of hospital workers, co-operating with the management in hammering out practical solutions to the many problems confronting us.

With what sort of matters could the Joint Consultative Committee deal?

Here are some suggestions:—

Rationalising the duties of skilled and less skilled nurses.

Elimination of some of the clerical routine done in the wards

(e.g. duplication and even triplication of hand-written reports), so as to give sisters and staff nurses more time to supervise the work of junior nurses and to instruct them.

Reduction of unnecessary treatment. Doctors can reduce hospital drug bills by 30% to 50% if they take greater consideration before they prescribe or change a medicine.

The waiting of patients in Casualty, Out-patients and other Special Departments. In evidence given before the King Edward's Hospital Fund for London some years ago, one Society submitted particulars of 45 cases, out of which 16 mentioned periods of waiting of from 2 to 4 hours, 22 of 4 to 6 hours and 7 of over 6 hours! Another Committee stated that delay of 5 or 6 hours was of quite common occurrence (King Edward's Hospital Fund for London. Report of Committee on Out-Patient Methods, 1932, page 7). When it is remembered that no less than 25,000,000 attendances are made in Voluntary Hospital Out-patient Departments alone each year, some idea is obtained of the colossal amount of time spent by people waiting for treatment. By using an appointments system and getting the willing co-operation of doctors, nurses and other staff through the Joint Consultative Committee much of the time thus spent away from work by patients could be saved.

Finding and removing bottle-necks in hospital work. In-patients are not infrequently unduly detained in Hospital because a particular department (e.g. X-Ray or Path. Lab.) is not properly administered, and consequently causes hold-ups in diagnosis and treatment.

Living conditions of nurses can be improved. Why should nurses homes be run by senior sisters? Nurses would be happier and could be responsible for their own welfare if nurses homes were run by lay wardens with the aid of a nurses home committee.

The improvement of nurses' working conditions. Nurses can make valuable practical suggestions to matron and the administrative officers as to hours of work, off duty times and details of their ward duties.

Through a Joint Consultative Committee staff could draw attention to any undue monotony or insufficiency of their own and of patients' diets.

The Committee would break down the sectionalism which often exists between different groups of hospital workers. This is essential for the smooth and most effective running of the hospital.

These Committees can produce closer co-operation between doctors, social workers, almoners, dietitians, occupational therapists, etc. This will lead to a decrease in the time patients are in hospital whilst increasing effective treatment by providing information as to the social back-

ground, the presence of under-nutrition (whether due to poverty or ignorance), and the social needs of the patient.

Hospital staffs must realise their responsibility for ensuring that patients and their relatives are not kept away from work longer than necessary. Joint Consultative Committees must be continually alive to all aspects of this problem, such as the provision of evening clinics for workers on day shifts, allowing workers special facilities for visiting relatives in hospital after working hours, and so on.

The Committees will ensure better use of staff in every department of the hospital, as demonstrated in the following instances:—

	Example
Much unessential work can be cut out.	Work of dining room maids obviated by institution of cafeteria system.
Staff may be released from certain duties.	In many hospitals night telephone calls could be properly received without the employment of a full-time night telephonist.
The adoption of devices and time-saving technique will often obviate replacement of staff called up for military service.	Much of the time spent by porters, etc., accompanying patients from one department to another can be eliminated by use of well prepared directional signs, e.g. "Follow the green light for Massage Department."
Man-hours wasted can be saved.	Operating Theatre attendants during long cases could be put on other work subject to immediate recall by a bell system.

The above are only a few examples out of many which will occur readily to the minds of all workers, illustrative of the things that can be done by the application of intelligent planning to hospital work.

There has been much talk of the Regionalisation of hospital services, by which is usually meant the setting-up and the proper co-ordination of hospital work within new administrative areas of local government. It is hard to see how this desirable reform may be accomplished at any early date, but there seems to be absolutely no reason why in most localities administrators of

hospitals naturally linked together should not enter into closer relations with each other for discovering ways of assisting one another.

Examples are:—

facilitating transfer of patients (especially under air-raid conditions;

reducing overlapping of small special clinics;

establishing rotas of evening clinics for day workers;

entering into arrangements for interchange of staff to meet emergency conditions;

providing for common use of elaborate instruments and apparatus not at present available to all institutions.

(b) General Practitioners and Medical Man-Power

In many districts the calling up for the armed forces of the younger practitioners has resulted in a serious restriction of local domiciliary services; the black-out has made it impossible to answer all night calls, and petrol rationing has added to these difficulties. In other places, however, numbers of medical men are relatively lightly employed and are not contributing their skill and capacity to the degree required by an all-out war effort. In many hospitals whole-time medical officers are off duty alternate afternoons, and in some of the public services, clinics, etc., the doctors' duties are by no means heavy.

In all areas medical practitioners already have, through the B.M.A. or local War Committee, some form of joint representative body. Where the existing body is not suitable, Medical Service Committees might be democratically elected from all doctors within a given radius. Such committees and those already in existence could use and direct medical personnel to provide domiciliary services, to man the various local clinics, to supply factory doctors, without overlapping and with the minimum of travelling. The committees could arrange to supply doctors for the evening clinics at hospitals and, by use of a common consulting room, provide late evening surgery facilities for the industrial workers.

During the war, doctors' work should not be separated into the watertight departments of their specialities. For example, hospital anæsthetists are rarely fully employed and might well assist in busy out-patient clinics. There are many ways in which similar adjustments could be made between medical men

employed in hospitals, public services and in general practice, and a Committee on the lines suggested could heighten efficiency in all these services.

(c) Other Services

The previous examples of health work have been given particular attention because the measures proposed are realisable by the activities of workers themselves more easily, perhaps, than by the making of demands upon the Government or Local Authorities. The Communist Party is, however, well aware that a number of public health questions are not at present capable of solution in that manner. Health workers interested in the outstanding problems outlined in the following five paragraphs can assist in their solution by putting forward proposals, through Trade Union Branches and local organisations of the Labour and Co-operative movement, to their National Executives and so to Parliament, and in this way press for essential reforms.

Tuberculosis

The rapid increase of tuberculosis, particularly amongst young women, causes great anxiety. A committee of the Medical Research Council is investigating the matter, but has not yet issued a report.

Workers affected by this disease will often not report sick till too late because of their fear of losing their job and (though sanatorium treatment is free) of having to exist during a long convalescence period on the inadequate National Health Insurance allowance plus what they can get if they apply for it through the Public Assistance Board. The untreated infected workers are a continuous danger to those in contact with them in the factories and at home. It is well recognised that the following measures are necessary:—

The maintenance of a high level of nutrition amongst the more susceptible group—girls and young women—and control over their hours and conditions of work in the factories.

Routine examination of the workers by mass radiography and the early hospitalisation of infected workers.

Full pay for tuberculous cases during the period in which they are rehabilitated for duty. The Ministry of Labour scheme, which only pays workers during rehabilitation according to the amount of work they do, is if anything more unsatisfactory for tuberculous than for other workers.

An assurance to patients that when they recover they will be restored to their jobs.

It is important to notice two principal demands of the miners:

(*a*) the necessity of reducing the death and accident rate in the mines; and

(*b*) the need for remedial measures and preventive safeguards against silicosis mentioned in the Mineworkers Federation Executive report.

Industrial Medicine

Some difficulties have already been discussed, but the bare facts that there are only 300 inspectors for 250,000 factories (*The Lancet,* 18.7.42, page 76) and that factory medical officers are not concerned with hygiene or treatment of ill-health, demonstrates what a large field of health activity in industry is still uncovered. Besides the measures already mentioned which can be introduced by Joint Production Committees, it is necessary to divert more doctors into industrial medicine and to reserve those already working there.

In so far as there are not enough doctors and nurses to cover all services, nurses and even specially trained workers could carry out certain routine inspections for the purpose of detecting what might be early stages of industrial disease, e.g. skin inspections for industrial dermatitis in filling factories. Convalescent home accommodation should be reserved for run-down workers who should not have to wait until they are really ill before receiving restorative treatment.

Fractures and Accidents

The correct treatment of fractures by orthopaedic surgeons in fracture clinics equipped with rehabilitation facilities can effect enormous saving in periods of disability, amounting to as much as six months per patient in some cases. The Ministry of Health has interested itself in the provision of such units, but there are yet far from enough, and according to modern standards many patients are still inadequately treated.

Nutrition

Much greater use could be made of dietitians to control the food supplied in works' canteens and in communal restaurants, and in the education of workers and their wives in the choice of foodstuffs necessary for health. Special feeding is necessary for

some groups of workers, such as those engaged in dangerous processes (as in T.N.T. filling) and for young women to increase their resistance against tuberculosis (see pages 9 and 16).

The milk industry is still against the universal and compulsory pasteurisation of milk, and so prevents a measure which could completely stamp out bovine tuberculosis.

It is impossible in a comparatively short space to do more than mention some of the problems facing the nation and the health workers in the existing situation. With the opening of the Second Front the people of Britain will become more acutely aware of the part they are playing in the war. **Health workers must anticipate the calls that will be made on their services and must take their place fully and consciously alongside other workers and soldiers in the fight for the destruction of fascism.**

3. WAGE AND WORKING CONDITIONS OF HEALTH WORKERS

If all staff engaged in the Health Services are to be fully mobilised for the maximum war effort it is imperative that their requirements should be met in regard to reasonable wages and conditions of work. In many respects these were (and in some cases still are) notoriously bad, although difficulties created by the war have forced the majority of hospitals during the past year or so to make certain improvements, especially for trained nurses and female domestics. Further improvements will have to be made, however, particularly in nurses' conditions of work, if sufficient numbers are to be recruited annually to meet both immediate and future demands.

There can be no question of the extreme importance of the Health Services in the National Effort, but this importance must be given concrete recognition. We say, therefore, that living and working conditions which for the majority of health workers (e.g. nurses and other resident staff) are more intimately related than amongst most workers must be immediately improved and accompanied by an all-round revision of wage and salary rates. The Communist Party will continue to press for this both in

Parliament and with the Ministry of Health, but health workers (and especially nurses) are reminded that improvements in conditions can best and most quickly be effected by their own action. To this end they must work in Trade Unions, professional associations, and through the medium of Joint Consultative Committees (see page 12); and the following are submitted by the Communist Party as proposals for immediate discussion in such bodies:—

(a) Female Nurses

i. **Wages.**—In the main, there are two groups of regular nurses—Student Nurses and State registered Nurses.

Student Nurses

These are usually girls of from 18 to 22 who, whilst receiving theoretical and practical tuition in nursing are employed in Hospitals recognised by the General Nursing Council as Training Schools. It is invariably argued that because they are in the nature of trainees, these girls should receive " pin-money " only for their arduous work and long hours of duty.

This is, of course, a convenient and very cheap argument to Hospitals for whom a large amount of semi-domestic work and " hack nursing " is undertaken by these so-called probationers. The argument cannot, however, ignore the fact that without this form of cheap labour Hospitals would be put to considerable expense to get the equivalent amount of work done. It is only fair, therefore, that the Student Nurses should receive a wage and not merely pin-money. Grants should be made to Hospitals for this purpose.

We propose, in addition to residential emoluments (board, lodging, laundry, etc.), which should not be less than £100 per annum in value, the following rates for all Student Nurses:—

1st Year Students	....	....	£50	per annum.	
2nd ,, ,,	....	....	£60	,,	,,
3rd ,, ,,	....	....	£70	,,	,,
4th ,, ,,	....	....	£80	,,	,, *

* College of Nursing Scale:—

1st Year Students	....	....	£30	per annum.	
2nd ,, ,,	....	....	£35	,,	,,
3rd ,, ,,	....	....	£40	,,	,,
4th ,, ,,	....	....	£50	,,	,,

State Registered Nurses

When a nurse has completed her training (three or four years) and has passed her final State Examination she is admitted to the "State Register" and is then entitled to practise as a fully qualified nurse. In her own profession she is equivalent to a qualified teacher, doctor, architect or solicitor. Hitherto, however, the equivalence has been theoretical only. The salaries paid to these qualified nurses have been an absolute scandal and it is only within the past few months that anything much has been done about this, and even now rates of pay are by no means adequate.

We propose, in addition to full residential emoluments, which should not be less than £150 per annum in value, the following rates for State Registered Nurses employed in the following grades in hospitals:—

Staff Nurses	.... £115 increasing by annual increments of £12 10s. to £165 per annum.
Ward Sisters	.... £165 ,, ,, £215 ,, ,,
Night Sisters	.... £215 ,, ,, £265 ,, ,,
Theatre Sisters and other Departmental Sisters	£25 per annum more than rates paid to Ward Sisters.

Sister Tutors holding a recognised qualification, from £250 to £500 per annum (with appropriate annual increments) according to size of Training School.†

Scales have not been put forward for the nurses working outside hospitals (e.g. District Nurse), but the Communist Party is not unmindful of their needs and will always be prepared to help them.

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† College of Nursing Scale:—

Staff Nurses	£100 p.a., rising by annual increments of £10 to £150.
Ward Sisters	£150 ,, ,, ,, ,, ,, ,, £200.
Night Sisters	£200 ,, ,, ,, ,, ,, ,, £250.
Theatre Sisters	£20 more p.a. than rates for Ward Sisters.
Sister Tutors	£200 to £500 p.a. according to size of Training School.

Rates have not been suggested for several administrative grades of trained nurses, as we propose (see page 12) that much highly qualified *nursing* personnel now unnecessarily tied up in administrative work should be released forthwith to meet the grave shortage of nursing staff which must be immediately made good if hospitals are to man the health sector of the war effort.

ii. **Conditions.**—There are certain basic conditions which are essential to an efficient Nursing Service. We have already indicated, in the figures quoted in reference to residential emoluments, that we insist that nurses in common with all workers should have good food, decent living quarters, adequate recreational facilities and all those things which are so essential if service and output are to be of the highest quality and maximum quantity.

With regard to other factors we propose:—

HOURS OF WORK.—A 96-hour fortnight, exclusive of meal times but inclusive of compulsory lectures, to be made a national maximum for ordinary duty worked by any nurse. (To meet war conditions this period will have to be extended but, through their representatives on Hospital Joint Consultative Committees, nurses should see that sufficient safeguards are observed against "industrial fatigue" and that all non-essential work is ruthlessly eliminated to ensure that overtime is kept within sensible limits. Where work in excess of the 96-hour fortnight is necessary nurses should be appropriately remunerated for the extra time on duty.

NIGHT DUTY.—Not to exceed three consecutive months except for permanent night sisters.

OFF-DUTY.—Nurses should have regular off-duty, of which at least one week's notice should be given. Off-duty arrangements should not be varied save in grave unforeseen emergencies. The minimum time off should be one whole day per week with alternate week-ends for all staff.

ANNUAL LEAVE.—Four weeks for trained staff and three weeks for student nurses. Bank holidays or days off in lieu. (Although these proposals should be immediately conceded by all hospital authorities nurses will, along with all other workers, be prepared to accept a reduced leave period whenever war conditions necessitate.)

RESIDENTIAL EMOLUMENTS.—Full value of residential emoluments to be allowed in cash to non-resident nurses and resident nurses when away from hospital on holiday, special or sick leave, etc. Staff to be free to reside outside the hospital if they desire.

UNIFORM.—Cost of providing and making-up uniform to be borne by the employing institution or cash payments made in lieu.

RESTRICTIONS ON INDIVIDUAL LIBERTY. Petty restrictions (amounting in some cases to a form of tyranny) and limitations on the liberty of nurses when off-duty to be stopped forthwith. The Nurses Home should be run as a hostel under a warden, who is not a trained nurse, with an elected Committee of the residents to decide questions of regulations, recreations, etc.

MARRIAGE.—No form of restraint, direct or indirect, should be brought to bear on any nurse, qualified or student, who wishes to marry and remain in the hospital's service.

TRADE UNIONS.—Nurses should feel completely free to join Trade Unions which exist to protect their rights and advance their claims for betterment of salaries and conditions. Any form of victimisation on the part of the matron or hospital management should be exposed and met with the strongest possible action by the organised Labour movement. Instances of suspected victimisation should always be communicated to the Secretary of the Trades Council, which exists in every city and town, or to the local Communist Party.

iii. **General.**—To meet the grave shortage of trained staff the Communist Party calls for immediate steps to be taken to shorten the period of training for nurses. In Industry (where there are many skilled and professional workers) it has been found possible without detriment to the quality of work to " telescope " the usual courses of apprenticeship and training. The General Medical Council are allowing medical students to take their final examinations three months earlier than usual and there is no reason why, with a " rationalisation " of the training processes, a reduction of, say, six months should not be effected in the training period for nurses.

At the same time an alternative system of examination and training should be established to regularise the position of the many thousands of girls who have failed to reach the comparatively high standards at present required by the State examinations, but who are nevertheless quite competent for much routine nursing and ordinary duties. The State Register should be extended to provide for this alternative grade, who might be classified as " Registered Ancillary Nurses " (R.A.N's).

R.A.N's would not be allowed to practise except under the supervision of a State Registered Nurse, and salaries would be at a lower level than for fully qualified nurses. All " Assistant

Nurses " and members of the numerous "Auxiliaries " with a specified amount of experience could straightaway be submitted to an examination both in practice and theory. A Test Paper of medium standard could be set by the General Nursing Council, and the examining and marking of papers could be done by doctors and sister tutors in all hospitals which are recognised training schools for nurses.

All Nurses other than State Registered Nurses and Student Nurses (for State Registration) should be obliged to submit themselves for this examination. Those who passed would become R.A.N's, and those who failed would be suitably categorised according to their degree of proficiency.

This proposal, which could be put into effect immediately, would overcome many of the difficulties regarding status and qualifications, etc. which now exist outside the ranks of " regular " nurses, and would solve most of the existing anomalies within the junior grades of nursing.

There is one final point in regard to female nurses which the Communist Party strongly emphasises. There should be a much better planned and more attractively presented propaganda drive for the recruitment of young girls into the profession, and to this end the reporting of nursing conditions should be more accurate and not one-sided.

From much of the publicity given to nursing in the past the conclusion might be formed that there was nothing good to be said for it and yet thousands of girls take up the work each year.

Why? Because, despite certain poor conditions (most have been referred to in this pamphlet and it is hoped that they will all soon be things of the past) there is tremendous scope in nursing for intelligent girls who want interesting work. The care of patients can be, and often is, an all-absorbing job and the scientific medical and nursing knowledge in which all student nurses are tutored is a most fascinating study. There is also much fun and good social life in many of the more progressive hospitals, and nursing is one of the professions most suited to the natural " bent " of the majority of women.

These points should always be stressed in discussions of nursing work and conditions. Nurses should be encouraged by the thought that their service stands high in the scale of self-satisfying and socially-useful work, and when remaining injustices

are swept away theirs will undoubtedly be among the most popular and attractive of all occupations.

We have devoted a considerable amount of space to our policy for female nurses as we feel that this is a key question to the improvement of the Health Services.

The Communist Party's proposals regarding rates of pay for other workers are as follows:—

(b) Male Nurses and Male Nursing Orderlies

In all hospitals the trade union rate for the job, as laid down by the Trades Unions Joint Negotiating Councils.

(c) Female Orderlies

Rates laid down by Trade Union Joint Negotiating Councils.

(d) Male Domestic Workers (adult)

Trade Union rates where these exist, otherwise a national minimum commencing basic rate of £3 10s. per week in the provinces and £3 17s. 6d. per week in the Metropolitan area, with full war bonus and extras for special duties, e.g. post mortem work. Sleeping-in and disturbance allowances and fire-watching pay to be made to all men engaged on additional " stand-by " duties arising out of war conditions.

(e) Female Domestic Workers (adult)

i. *Resident.*—Full residential emoluments, which should not be less than £100 p.a. in value, plus a national commencing rate of £45 p.a., rising by annual increments of £5 to £60 per annum.

ii. *Non-Resident.*—A national minimum commencing rate of £2 15s. per week (£3 in Metropolitan area), or, where paid hourly, 1s. 2d. per hour (1s. 3d. in Metropolitan area).

(f) Laundry Workers

Trade Union rates for the job.

(g) Artisans, viz.:—Engineers, Stokers, Carpenters, etc.

Trade Union rates as laid down by respective Unions.

(h) Technicians

i. *Pharmacists.*—Scale adopted by Guild of Public Pharmacists, viz. minimum commencing rate of from £260 p.a. for

junior pharmacists, with various intermediate rates for different grades to £500 p.a. for Pharmacists-in-Charge (i.e. in large hospitals with pharmaceutical students, etc.).

ii. *Radiographers.*—Scale adopted by Society of Radiographers, viz. minimum commencing rate of from £210 p.a. for junior non-resident staff with various intermediate rates for different grades to £330 p.a. for a Radiographer-in-Charge (large department).

iii. *Almoners.*—The Institute of Hospital Almoners is at the time of writing re-considering its scale for Certificated Almoners. We suggest minimum commencing rates of from £225 p.a. for newly qualified almoners, with various intermediate rates for different grades to £400 p.a. for Almoners-in-Charge (large departments and Training Schools for Almoners).

iv. *Masseurs and Masseuses.*—Scale adopted by the Chartered Society, viz. minimum commencing rates of £210 p.a. for junior non-resident staff, with various intermediate rates for different grades to £330 p.a. for Masseurs/Masseuses-in-Charge with 10 or more assistants. Rates for resident staff with full residential emoluments: £85 p.a. junior, £205 p.a. senior—minimum commencing rates only.

v. *Laboratory Technicians.*—Scale laid down by the Pathological and Bacteriological Laboratory Assistants Association.

(i) Administrative Workers

i. *Clerks and Typists* (*Adult*).

Junior: Minimum Commencing Rate of £3 per week.
Senior: ,, ,, ,, ,, £5 ,, ,,

ii. *Junior Lay Administrative Officers.*

Qualified Assistant Superintendents (Voluntary Hospitals): Minimum commencing rates from £300 to £500 per annum, according to size of hospital and nature of responsibilities.

Qualified Assistant Stewards (Local Authority Hospitals): Minimum commencing rates from £250 to £350 per annum, according to size of hospital and nature of responsibilities.

With regard to conditions of work for all mentioned in paragraphs **(b)** to **(i)** above, we propose:—

The working week not normally to be more than 48 hours. Owing to war conditions additional hours will have to be worked, for which additional payments should be made. For certain categories, e.g. X-Ray workers and Radium technicians, hours to be within safety limits laid down by the respective authorities.

Annual holidays with pay of from 2 to 4 weeks, according to grade, and all bank holidays or days off in lieu (*Cf.* however, reservation made in regard to holidays for female nurses, page 21).

Full wages or salary during sickness.

For workers in residence: Cash value of residential emoluments when away from hospital; separate bedrooms; adequate washing and bathroom facilities; good food; sitting and recreation rooms, and no restrictions on individual liberty when off duty.

Cost of providing and making-up uniform to be borne by employing institution, or cash allowances in lieu.

Complete liberty to organise in Trade Unions; no discrimination or victimisation of staff in respect of race, religion or politics.

National Trade Union machinery to be set up to govern wages and conditions of all health workers.

4. TRADE UNIONISM

In all the above demands we have reiterated our insistence that health workers must feel completely free to organise in Trade Unions and that recognition must be given to Trade Union rates of pay and scales of salaries laid down by professional associations. This reiteration is particularly necessary in health and hospital services, which have lagged far behind other services and industries in acknowledging these elementary democratic rights as enjoyed by the vast majority of workers elsewhere.

Health workers (and in particular nurses) must be brought to realise that " unity is strength " and that they have little right to grumble about wages and conditions of work unless they have

the common-sense to combine together and, within the Trade Union machinery which already exists for their benefit, do something themselves for the betterment of their lot. All progressive workers and Trade Unionists in the health services must consistently campaign to bring this simple principle before their colleagues, and no effort should be spared to develop Trade Union Organisation in every hospital and among all health workers.

Ideally there should be one Trade Union for all workers in the health services. At present there are quite a number—the National Union of Public Employees (N.U.P.E.), the National Union of County Officers (N.U.C.O.), the Medical Practitioners Union (M.P.U.), the Mental Hospitals and Institutional Workers Union (M.H.I.W.U.) and the General Workers Unions. Wherever branches of several Unions already exist within one hospital they should form a Trade Union Committee on the lines of factory Shop Stewards' Committees and work out a common programme for joint action. The Communist Party's policy as outlined in this memorandum forms a good basis for such a programme, but naturally the policy must be extended and applied to the specific problems inside each hospital concerned.

If there are to be efficient health and hospital services in Britain, then the people involved in providing them must be adequately paid and enjoy fair conditions of labour. But good pay and reasonable conditions will only be achieved if there is strong 100% Trade Unionism among all grades of health workers. It follows from this that the betterment of the health services and all that that means to the nation in the present struggle is inextricably linked with the building up of the Trade Union movement in the health services, and we should never forget this fundamental fact nor lose an opportunity of pointing it out to our fellow workers.

CONCLUSION

" The health of the people is the concern of the people themselves." This famous slogan, which 25 years ago formed the basis for a completely new approach to health problems in the Soviet Union, might quite well be used in relation to the situation in Britain today.

No longer should we consider illness to be " a visitation of the Devil "—something beyond our power to control. Every

man, woman and child must be brought to realise that, even under the far from satisfactory social conditions of capitalist society, there is much that each of us can do to maintain health and fighting fitness. We must go forward to a vast extension of health work as a means not only for the improvement of social conditions and vital services in our national life, but as a means through which we may make yet further contributions to increased production and the establishment and maintenance of a Second Front for the achievement of Victory.

APPENDIX*

THE HEALTH SERVICES

The Health Services of the country fall into two major categories:—

(*a*) Mainly preventive.
(*b*) Partly preventive and mainly curative.

Category (*a*) covers such things as ensuring adequate and pure water supply; refuse and sewage collection; food inspection; overcrowding; port health (ship's passengers and food); factory inspection; vaccination and immunisation; notification of infectious diseases, etc. The workers employed in this section of the services, e.g. food and sanitary inspectors, administrative officers and clerks in the public health department, social workers and so on, are not numerous and are largely non-institutional.

Category (*b*) includes all hospital and health centres, maternity homes, child and infant welfare clinics, T.B. dispensaries and similar institutions and domiciliary services provided by general practitioners, district nurses and the National Health Insurance Scheme, etc. The numerous workers employed in these services are chiefly doctors, dentists, nurses, almoners, pharmacists, radiographers, masseuses, laboratory technicians, administrators, male and female domestics, maintenance staff and so on. They are largely institutional workers and the majority reside at their place of work.

It is with the latter category that the following survey is principally concerned.

1. ADMINISTRATION

Before we consider *services* and *personnel* a note must be made regarding the *administration* of the health services. The Ministry of Health (which was formed only in 1919) is by no means the sole administrative body responsible for the nation's health; there is a vast complexity of other bodies and authorities, e.g.:—

Statutory Bodies

Ministry of Education—School Medical Service.
Home Office—Factory inspection and Industrial Health.
Mines Department (*Board of Trade*)—Medical inspection of mines.
Board of Control—Mental Health Services.

* Figures contained in this Appendix relate almost entirely to England and Wales.

Local Government Bodies

All County, City, Borough and other local authorities have numerous administrative functions in connection with health. (*Example:* The L.C.C. is responsible for about 75 hospitals.)

Voluntary Bodies

Innumerable voluntary bodies provide health services. There are over 1,000 voluntary hospitals (each virtually a law to itself) and countless other societies and associations—St. John's Ambulance, District Nursing Associations, Medical Societies, Voluntary Mental Welfare Associations, and so on.

National Health Insurance

A national scheme of contributory health insurance set up in 1911 provides medical and sickness benefit for all manual workers and others earning not more than £420 p.a., administered through a multitude of Friendly Societies and Insurance Companies.

2. "POINTS OF APPLICATION"

The Health Services have five main "points of application":—

i. The Home.

ii. The Hospital—Out-Patient Department and Clinics for T.B., V.D., Maternity and Child Welfare, etc.

iii. The Hospital—In-Patients.

iv. The School } i.e. place of work.
v. The Factory }

Provisions in respect of the first four of these are fairly well developed, but far too little attention has been paid hitherto to the Industrial Medical Service.

In order to get the work of the health services into perspective, let us briefly consider each of the above five points.

i. *The Home.*—The majority of people are familiar with the domestic medical and health service. All insured workers are, or should be, on the panel of a local General Practitioner. When sick they call in their doctor (who works from his home-cum-surgery) and if their condition does not necessitate special treatment or investigation such as can only be given in hospital, they are expected to "lay up" at home and receive care and attention there until recovered.

ii. *Hospital Out-Patient Department and other Clinics.*—If the panel doctor wants his patient to undergo medical examination (e.g. X-ray or pathological investigations) without entering hospital he sends him to the "O.P.D." Here he will be seen and examined by the hospital doctor who may, or may not, submit him to the investigations requested by the general practitioner. The majority of hospitals forward reports of their findings to the general practitioners. (These reports are often inadequate and long delayed.) Other clinics referred to (Tuberculosis, Venereal Disease and Maternity and Child Welfare) are for the "specialities" not requiring treatment as in-patients in hospital.

iii. *Hospital In-Patients.*—If on examination a patient in the Out-Patient Department is found to require investigation and/or treatment that can only be given in hospital he is " admitted " or (if there is an insufficiency of beds) " put on the waiting list." Hospital wards are divided between medical and surgical patients and there are often separate wards for the specialities—eyes; ear, nose and throat (E.N.T.); gynæcology; and so on. In addition to " routine admissions " from O.P.D., there is, of course, a regular influx of " casualties "—industrial, street and other accidents, and also " doctors' emergencies," e.g. perforated gastric ulcers, acute appendices, etc.

iv. *School Medical Service.*—This is principally a preventive service. Children receive regular medical inspection at school and are referred elsewhere for treatment.

v. *Factory (Industrial) Medical Service.*—In the House of Commons on 21.10.41 attention was drawn to the very unsatisfactory manner in which this highly important aspect of the Health Services is regarded. There is only a very small number of health workers directly employed in the titanic task of trying to keep the nation " producing fit."

3. SERVICES

The vast majority of health workers are concentrated in hospitals and institutions. The following table summarises the chief facts in regard to Hospitals:—

Hospital.	No.	No. of beds.	Type(*a*).	Cases treated(*b*).
General:				
Voluntary	699	63,000	Voluntary	Acute, medical and surgical.
Municipal	111	67,000	Local Authority	Acute and chronic, medical and surgical.
Special:				
Voluntary	211	16,600	Voluntary	Acute specialities (not fevers)(*c*).
Municipal	1,218	60,000	Local Authority	Acute and chronic specialities(inc.fevers and T.B. San.).
Mental	161	150,000	Local Authority and Asylums Board	Mental.
Poor Law	466	60,000	Local Authority	Chronic and infirm.
Sundry:				
Private Nursing Homes	—	Not known	Commercial	Principally acute and chronic, general medical and surgical.
Convalescent homes	—	,,	Voluntary and Commercial	Recovery and convalescence.
	2,866	416,600(*d*)		

Notes:—

(*a*) A distinction is always made in the hospital world between Voluntary and Local Authority Hospitals, as there are considerable differences in administration, staffing, staff problems and type of work done.

(*b*) *Explanation of Terms*:—

Acute: Urgent cases likely to gain early benefit from treatment. Beds occupied by such cases show quick turnover.

Chronic: Patient needing constant attention over prolonged period, with small prospect of cure. Slow turnover.

Infirm: Aged patients not needing professional nursing and not entirely confined to bed.

(*c*) Specialities include such things as gynæcology, eyes, ear, nose and throat, nervous diseases, orthopædics, pediatrics, etc. All infectious diseases are catered for by Local Authority Hospitals. Mental Hospitals are virtually residential hospitals, patients being practically permanent.

(*d*) *Peace-time Figures*: 300,000 beds added since outbreak of war.

Work Done by Hospitals

The important part that the services play in national life is revealed by the following round figures, which relate to annual work in general hospitals only:—

Hospitals.	New In-patients.	New Out-patients.	Total New Patients.	Annual Visits to O.P.D's.
Voluntary (General and Special)	1,250,000	5,500,000	6,750,000	25,000,000
Local Authority	500,000	500,000	1,000,000	not known.
	1,750,000	6,000,000	7,750,000	

As the majority of patients treated in general hospitals are workers, it can be seen that approximately one person per working class family receives treatment in a Hospital each year. In aggregate the time spent by people in hospital is colossal. Average length of stay of patients is:—

Acute (Voluntary Hospitals—Quicker turnover)	21 days.
,, (Local Authority Hospitals)	28 ,,
Chronic (,, ,, ,,)	194 ,,
Infirm (,, ,, ,,)	138 ,,
Mental (,, ,, ,,)	Almost permanent.

4. PERSONNEL

Staffing of a typical Voluntary General Hospital

A general voluntary hospital of, say, 250 beds would be staffed somewhat as follows:—

Medical:

Non-Resident:	2 Senior physicians 3 Senior surgeons 1 Obstetrician and gynæcologist 1 Ophthalmologist 1 E.N.T. surgeon 1 Orthopædic surgeon 1 Pediatrician 3 Dental surgeons 3–4 Anæsthetists	These would be "honoraries," i.e. not paid for services by hospital or general patients. There are, of course, adequate returns in other ways for work done by this staff.
	1 Pathologist 1 Radiologist (X-ray)	These would receive "fees" but have semi-honorary status.
Resident:	1 Resident surgical officer 2–3 Junior house officers	Full-time 4

Nursing: Matron, Sisters, Staff Nurses and Probationers	116
Administrative: Superintendent, Accountant and assistants	13
Medical and Nursing Auxiliaries: Dispensers (3), Laboratory Assistants (4), Masseuses (3), Radiographers (2), Almoners (2)	14
Domestic Laundry: Kitchen (9), Cleaners (6), Housemaids (10), Wardmaids (14), Seamstresses (2), Male Porters (11)	52
Maintenance: Carpenter (1), Painter (1), Engineer (1), Stokers (3), Gardener (1 or 2), Handymen (2)	10
Total (excluding *Honorary* medical staff)	209

Staffing of an L.C.C. Hospital (Fulham Hospital, 559 beds).

Local Authority hospitals have no "honoraries"; visiting consultant staff are paid.

Medical: Resident	8
Nursing: Male	6
Female	188
Administrative (*Note.*—Much administrative work done at County Hall)	7
Medical and Nursing Auxiliaries: Dispensers (2), Radiographers (2), Masseuses (3), Clergy (3), Others (3)	13
Domestics: Male (28), Female (103)	131
Maintenance: Staff employed centrally and sent from hospital to hospital	—
Total	353

5. WORKERS IN HEALTH SERVICES

The above paragraphs on typical staffing have been inserted to illustrate the diversity of professions and trades involved in hospital work. There is a total of approximately 500,000 health workers and whilst no

precise data is published, it has been carefully estimated that this figure is made up of 412,000 hospital and 88,000 non-institutional workers as follows:—

(a) Hospital Workers

Number.	% of Total.	Description.
6,000	1.4	Full-time Doctors.
150,000	36.4	Regular Nurses (i.e. other than " war-time " Nurses).
100,000	24.3	Auxiliary Nurses (Civil Nursing Reserve, V.A.D's, etc.)
1,500	.4	Senior lay administrators (Superintendents and Stewards, etc.)
6,000	1.5	Junior lay administrative and clerical staff.
7,000	1.7	Technicians (Radiographers, Pharmacists, Masseuses, Almoners and Laboratory Staff).
4,500	1.1	Maintenance Staff (Engineers, Stokers, Carpenters, Handymen and, in mental hospitals, Farm Hands, etc.).
125,000	30.3	Male and Female Domestic Staff (Maids, Scrubbers, Porters, Kitchen and Laundry Staffs, etc.).
12,000	2.9	Medical Students (not strictly workers in usual sense of term, but a certain amount of hospital work is done by clinical students).
412,000	100.0	

Well over half of hospital employees are professional workers. The majority of these (nurses) come from lower middle-class homes, and their lives are subject to a form of conventual regulation from the day they start training at the susceptible age of 18. The hospital is sub-divided into numerous special departments, each jealous of its own rights and privileges and highly resentful of anything that savours of encroachment upon its preserves. Craft prejudices are abundant.

(b) Non-institutional Workers.—Reference must be made to workers in the Health Services, who, although not directly associated with a hospital or clinic, are in close contact with institutional work or with institutional workers in the services. The following are the chief classes of workers under this heading:—

Medical:

General Practitioners: Panel	17,000	
Non-panel	5,700	
....		22,700
Private Practitioners (specialists), Consultants (Harley Street type)		4,700
Doctors in the Services (peace-time figure)		1,700
,, ,, Government employ (,, ,,)		1,000
Retired (pre-war; now absorbed in war effort)		3,900
Total doctors not being full-time hospital workers		34,000

Dental:		
Private Practitioners		14,000
Domiciliary Nursing:		
District Nurses	8,000	
Health Visitors	4,000	
		12,000
Pharmacists:		
Mostly retail		18,000
Sundry:		
Social Workers, Sanitary Inspectors, Public Health Administrative workers, Laboratory Technicians (Public Health Departments)		10,000
		88,000

6. PROFESSIONAL ASSOCIATIONS FOR HEALTH WORKERS

There are numerous professional Associations catering for health workers, but the principal ones are those connected with the Medical, Dental and Nursing professions, membership being:—

British Medical Association (B.M.A.)		37,000
College of Nursing, Senior body	30,000	
,, ,, ,, Student Nurses Association	17,000	
		47,000
British Dental Association	6,000	
Incorporated Dental Society / Public Dental Association	8,000	
		14,000

The British Medical Association has been described as " a federation of local medical societies termed Divisions, which are grouped together for certain administrative and scientific purposes into Branches. Once a year, or more often if a special necessity arises, representatives of each Division meet as a Representative Body, which has been described as the Doctors' Parliament " (P.E.P. " Report on British Health Services.") The B.M.A. is a powerful body which has not only concerned itself with securing adequate rates of pay and conditions of service for doctors, but has had no small influence in the shaping of national policy on such questions as N.H.I., Nutrition, Fractures, Physical Education, etc. At present there is widespread discussion in the Association (through " study groups " officially initiated for the purpose) on a variety of topics connected with the reorganisation of the health services. These study groups form invaluable media for re-enlivening the B.M.A., and for promoting consideration of immediate issues.

7. TRADE UNIONS IN HEALTH SERVICES

The chief Unions catering for health workers are:—

In Local Authority Hospitals:—

National Union of Public Employees (*N.U.P.E.*).—Total Membership, 70,000 (approximately 52,500 males and 17,500 females). Of this number about 50,000 are health workers and include 10,783 nurses (4,310 female S.R.N's, 2,156 male S.R.N's, 3,053 assistant nurses and 1,264 unqualified male nurses).

National Union of County Officers (*N.U.C.O.*).—Total Membership, 11,000 (5,000 male and 6,000 female). Of this number about 5,000 are health workers.

Mental Hospitals and Institutional Workers' Union (*M.H.I.W.U.*).—Total Membership, 22,413 (14,171 male and 8,242 female). All workers in this Union are health workers.

There is a Trade Union designed for doctors—The Medical Practitioners Union with a membership of 5,000.

In Voluntary Hospitals :—

There is a slight membership of hospital domestic workers in the Transport and General Workers' Union and the Municipal and General Workers' Union.

8. GENERAL PRACTITIONERS

General Practitioners form approximately 63% of the total number of doctors normally in practice and they are almost entirely responsible for the enormous amount of medical work done annually under the National Health Insurance Scheme. There are 19,000,000 insured workers entitled to benefit under the Scheme and some 8,000,000 seek advice each year and receive over 50,000,000 attendances from the general practitioners. Under existing circumstances in which general practitioners practise in isolation they are faced with numerous problems ranging from the heavy expenses of maintaining a surgery and necessary technical and clerical assistance to the difficulties of arranging off-duty, holidays and post-graduate study. Often they have neither the facilities nor equipment essential to an adequate diagnostic service. It is hard to see how these problems will be solved save by the establishment of a complete system of " Health Centres " throughout the country.

9. THE EXTENT OF ILL-HEALTH AND ACCIDENT

The following figures and quotations (a number of which are referred to in the main text of this pamphlet) set forth statistically certain social and industrial conditions of the present time. Not all of the disease and accident referred to can be reckoned preventable but a considerable proportion could be eliminated even on a short term programme.

Lost Labour time (sickness and injury)

40,000,000 work-weeks annually. (Time lost from labour stoppages other than those caused by ill-health, only 153,570 weeks in 1941.)

Number of industrial accidents

Number of new cases of disablement by accident in which compensation was paid (1937 figures):—

Mines	139,230
Railways	18,176
Docks	9,861
Constructional work	9,658
Shipping	7,332
Quarries	6,861
Factories, etc.	218,532
	409,650

Accident rate highest in heavy industry

Iron and steel	11,108 cases per 100,000 employed.
Constructional engineering	9,585 ,, ,, ,, ,,
For all other manufacturing industry	2,642 ,, ,, ,, ,,

Accident rate higher among young people than adults (1935 figures.)

Per 100,000 employed:

4,352 cases among young people as against 3,410 adults (male).
1,414 ,, ,, ,, ,, ,, 972 ,, (female).

Rising rate of accident

40% increase reported from Birmingham since 1939.
1940 figures for factories and workshops reveal:—
45% increase in number of fatal accidents.
28.4% ,, ,, ,, ,, non-fatal accidents.

Rising rate of industrial disease

Notified cases of industrial dermatitis:—

1939	2,952
1940	4,744

Incidence of industrial (compensable) disease

Per 100,000 men employed:—

In mining 1,980 cases per annum;
In factories 66 cases per annum.

Industrial accident and disease aggravated by insufficient inspection

300 factory inspectors for 250,000 premises;

Only one medical inspector for all mines and quarries—the most dangerous industry and one employing 750,000 men.

THE ABOVE FACTS REPRESENT A CHALLENGE TO THE HEALTH SERVICES AND WORKERS. CAN IT BE MET?

Increase in accident rate could be prevented

" It has been disconcerting to find, not only that the figures for reportable accidents show very serious increases in 1940, *but that the increases should, to a considerable extent, have been prevented.*"—Annual Report of the Chief Inspector of Factories, 1940.

Industrial disease—preventable

" Dermatitis, for example, *can be largely prevented* by cleanliness, washing facilities, dust control and protective clothing."—Dr. T. O. Garland in *The Lancet*, 18th July, 1942.

Periods of disability may be reduced

Time by which period of disability from following types of fracture is reduced if treated in properly organised clinics:—

Fractures involving the ankle joint—From 37.6 to 11.0 weeks.

Colles's fractures—From 14.3 to 7.0 weeks. (P.E.P. Report on British Health Services.)

The percentage of permanent incapacity for fracture patients can be reduced from 37% to 1% by adequate treatment. (P.E.P. Report on British Health Services.)

For maximum production—Health

" For maximum industrial production . . . the worker of the machine must be in good health. For good health he needs at least adequate food, regular sleep, regular periods of leisure and reasonable conditions of work."—Industrial Health Research Board (Medical Research Council) Emergency Report No. 2.

Health for Victory

" Upon the health of the people depend the efficiency of the Fighting Forces, the availability of recruits, the output of work in factory, shipyard and office . . . the health of the people is the country's real wealth."—Dr. Hugh Clegg, " War-time Health and Democracy."

INDEX

	Page
Accident rate	8, 9, 36, 37
— in heavy industry	8, 36
— rising	9, 36
— rise preventable	37
Accidents	7, 8, 9, 17
— and rehabilitation	17
— among adults	8, 36
— among youth	8, 36
— compensable	7
— incidence of	8
— increase of	9
Administrative workers	25, 33
— salaries of	25
— working conditions	26
Almoners	25, 33
— salaries of	25
— working conditions	26
Association of Scientific Workers	10
British Medical Association	34
— study groups	34
Clinics	29
Coal Miners	7, 17
College of Nursing	34
— salary rates of	19, 20
Dentists, number of	34
Diets, monotony of	13
Disease, compensable	7
District Nurses	20, 34
Domestic Staffs, number in Hospitals	33
Efficiency of Health Services	6, 11
Elimination of non-essential work	12, 13
Extent of ill-health	35
Factory Acts	10
— Inspectors, dearth of	17
— Medical Service	11, 17, 30
Female Orderlies (Hospital)	24
— wages of	24
— working conditions	26
Female Domestic Workers (Hospital)	24
— wages of	24
— working conditions	26
General Practitioners	15, 35
— number of	33
— work of	35
Health and Production	6, 7
Health Inspectorate of Workers	10
Health Services	28
— administration of	28
— and the Home	29
— curative	28
— efficiency of	6, 11
— preventive	28
Health Workers	32
— number of	32, 33
— professional associations of	34
— trade unions for	27, 35
— wage and working conditions of	6, 18
Hospital beds, number of	30
— in-patients, average residence	31
— joint consultative committees	12-14
— staff, number of	31, 33
Hospitals	11-15, 30-33
— co-operation between	14, 15
— grants to	19
— in-patients	30
— number of	30
— patients treated in	31
— Regionalisation of	14
— sectionalism in	13
— staffing of	32
— work done by	31
Industrial accidents	36
— disease, rising rate of	36
— incidence of	36
— preventable	37
— Medical Service	11, 17, 30
Joint Consultative Committees	12-14
— Production Committees	9, 10, 12
Laboratory Technicians	25, 33
— salaries of	25
— working conditions	26
Lancet	7, 17, 37
Laundry Workers (Hospitals)	24
— wages of	24
— working conditions	26
Local Government and Health	29
Lost labour time, ill health	7, 35
— labour stoppages	7, 35
— miners	7

	Page
Male Domestic Workers (Hospital)	24
— wages of	24
— working conditions	26
Male Nurses	24
— wages of	24
— working conditions	26
Male Nursing Orderlies	24
— wages of	24
— working conditions	26
Mass Radiography	16
Masseurs and Masseuses	25, 33
— salaries of	25
— working conditions	26
Meals—productive output	8
Medical man-power	15
— Services Committees	15
— Practitioners' Union	27, 35
— Students, number of	33
Mental Hospitals and Institutional Workers' Union	27, 35
Milk, pasteurisation of	18
National Health Insurance	29, 35
National Union of Public Employees	27, 35
— of County Officers	27, 35
Nurses	11
— annual leave	21
— domiciliary, number of	34
— hours of work	21
— in non-nursing work	12
— living conditions	13, 21
— marriage	22
— night duty	21
— number of	33, 34
— off duty	21
— recruitment	23
— " Registered Ancillary "	22
— residential emoluments	21
— restrictions on individual liberty	22
— salaries of	19-21
— Trades Union and	22, 26
— training	22
Nurses—*continued*	
— uniforms	22
— working conditions	13, 21
Nursing shortage	11
Nursing Times	9
Nutrition	17
Out-patient department	29
Patients' waiting—reduction of	13
Periods of disability	37
Pharmacists	24, 33
— number of	33
— salaries of	24
— working conditions	26
Private practitioners	33
Production Committees	9, 10, 12
Radiographers	25, 33
— salaries of	25
— working conditions	26
Regionalisation of Hospitals	14
School Medical Service	30
Sepsis, reduction of	9
Staffing	31, 32
— Voluntary hospital	31
— Local Authority hospital	32
State Registered Nurses—see Nurses.	
Student Nurses—see Nurses	
T.N.T. poisoning	8, 9, 18
Trade Union Branches	9
— Machinery (National Negotiating)	26
Trade Unionism	6, 26
Trade Unions	26
— in Health Services	27, 35
Trades Councils	9, 10
Tuberculosis	16
Unnecessary treatment, reduction of	13
Voluntary Hospitals—see Hospitals	
—bodies concerned with health	29
Wage and Working Conditions of Health Workers	6, 18
Workers' Health Inspectorate	10

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